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G. MCLEOD

MAY 26 2011

EXAMINER

HN 000 1374913

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Nar	ne of the limited liability company: D'ARGENT PR	OPERTIES, LLC	→ i		
		Principal office address of limited liability company	125 Earl Linzay Rd,	A SEC		-
		(Note: MUST BE STREET ADDRESS)	Forest Hill, Louisiana 71430	AHAS	1AY 2	₍₁₅₄₄
	(b)	Mailing address of limited liability company:	125 Earl Linzay Rd,	SEC.	- ŏi	
_		(Note: MAY BE POST OFFICE BOX)	Forest Hill, Louisiana 71430	FLOR	ð ¥	
6/2	0/20		M08000002964	AOA AOA	70	_
3.	Dat	e of filing/registration in Florida	4. Document number			_
5. (a		Registered Agent and Registered Office shown on t Registered Agent:	he records of the Florida Dep NRAI SERVICES, INC. 515 E. PARK AVENUE	t. of Sta	te:	_
		Registered Office Address:	TALLAHASSEE FL 32301 US		_	
						
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address	;		
NEW Registered O		<u>NEW</u> Registered Agent:	C T Corporation System	<u> </u>		_
		<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road,	• • •		_
			Plantation	_,FL <u>333</u>	24	_
cor and lial of	nfiri d the bilit the	imited liability company is not organized under the le ned that after the change or changes are made, the Fl e business office of the registered agent will be identi by company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company	orida street address of the reg cal. Or, in the case of a Flori was/were authorized by an at wise provided in the articles of	istered (da limite ffirmativ	office ed ve vote	
8181 2	lature	of a member or authorized representative of a member	-			
		s J. Giallonardo, Manager				
Pri	ated o	or typed name of signee	-			
I h con and Ch add	nerei nply I I a apte ires	by accept the appointment as registered agent and as with the provisions of all statutes relative to the promition for the profile for the profile for the profile for the miliar with and accept the obligations of my posite 608, F.S. Or, if this document is being filed to mer sold for the first company and t	gree to act in this capacity. I per and complete performand ition as registered agent as p ely reflect a change in the res has been notified in writing t	further of my rovided vistered of this ch	agree t duties, for in office aange.	0
Mi	ell Innin	W DI NEWS MICHAEL AND A WILLIAMS, AVP, CT Corporation Syst	tem			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)